

Tai Chi for Arthritis

UK/European Newsletter

June 2001 Issue

From the editor's sofa!

I don't intend writing too many of these newsletters sitting at my desk – I much prefer working on my laptop in our lounge, watching the morning sun burn off the mists from the hills to the rear of our cottage. So, from the comfort of my sofa I greet everyone who is reading this first ever TCA newsletter for the UK and mainland Europe.

The last time I was involved in producing a newsletter was for a church magazine over 10 years ago. Being granted 'full editorial control' in reality meant I had no control whatsoever over content, layout or graphics. Everything including choice of font required ministerial approval. My real editorial duties were just as copy-typist and delivery boy. So when Paul Lam suggested that I might put together a TCA newsletter for the UK/Europe, I had a few uncomfortable flashbacks. However Paul is a difficult man to say 'no' to, and I do mean this in a very positive sense. His personal warmth and enthusiasm about the TCA programme together create a combination that soon erodes any resistance. And unlike my last editor-in-chief, Paul has only one requirement: that the newsletter stays true to the aims and ethos of the TCA programme.

So with that in mind, what I hope to provide on a quarterly basis will be:

Dates of UK/European Workshops.

News from Arthritis Research.

Notes on Running a Class, Background Information on Arthritis and related conditions to provide an additional learning resource to the TCA Instructors' Workbook.

Instructor Listings.

Feedback Forum.

As the TCA programme rolls out throughout the UK and beyond, this newsletter will hopefully adapt and evolve. This however will only happen if readers offer suggestions, feedback *and contributions*. This should be *your* newsletter. So enough of my ramblings, you get the idea ... read, be enthused and let me know what else you would like to see .. and do please contribute.

Issue 2 will be published on September 1st, copy date for items for inclusion will be August 18th.

Warmest Regards

Derek Williamson
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UK Instructors' Workshop Oxford Oct 30/31 2001

Autumn 2001 presents a unique opportunity for anyone involved in supporting those with arthritis. Tai Chi instructors, physical therapists, physiotherapists, carers – all can be involved in bringing the TCA programme into the UK by taking part in the first ever UK-based Instructors' Workshop. With an estimated 8 million people in the UK having their lives disrupted by some form of arthritis, the task ahead of the first group of instructors will be enormous and demanding, but it will also infinitely rewarding. We are initiating something in the UK that could impact thousands of peoples' lives for years to come - let's make sure we get off to a good start and get the Oxford course fully subscribed!

A course outline can be found on the TCA website <http://www.taichiforarthritis.com> , or e-mail me for further information about the course content.

Bookings and on-site arrangements are being handled by Margaret Terry. She also has a small supply of TCA videos available in advance of the course. Contact Margaret on s.m.terry@btinternet.com or phone 01865 736225.

A2Z of Arthritis

'*Listen to your students*' ...is a phrase instructors will hear repeatedly during their training. Listening however involves more than hearing. Using the principles of Tai Chi, listening is active (yang), hearing is passive (yin). Listening requires involvement by the instructor and an understanding of what is being said. Therefore as TCA Instructors and Practitioners, it is important that we have a good basic knowledge of arthritis, its causes, effects and treatments. Not only will this give us a better insight into how we should teach TCA to students, but it also ensures that we can talk a 'common language' when dealing with medical or clinical staff when either promoting TCA or consulting a doctor about one of your students. To help with this here is an A2Z of Arthritis. There's no quiz at the end, just a better awareness of the field we now entering.
Used unabridged with permission from National Institute of Arthritis and Musculoskeletal and Skin Diseases, National Institutes of Health, Bethesda, Maryland

A2Z

Aerobic exercise: Exercise that requires continuous, rhythmic motion of large muscle groups such as the quadriceps. Swimming, running, and walking are examples of aerobic exercise. Aerobic exercise also improves the ability to perform activities of daily living.

Ankylosing spondylitis: See spondyloarthropathies.

Arthritis: The term arthritis literally means joint inflammation, but it also is used to refer to more than 100 rheumatic diseases. These diseases can cause pain, stiffness, and swelling in joints and may also affect other parts of the body.

Atrophy: Decrease in size or wasting away of a body part or tissue. When muscles are not used, they atrophy (get smaller and weaker).

Breaking new ground

Being the first TCA Instructor in the UK is an interesting learning experience. In promoting TCA to primary health care units, care homes, arthritis organisations etc I have been generally well-received, with maybe the occasional sceptical exception. Newspapers will cover the story if there were no 'drop the dead donkey' items. Radio/TV coverage as yet has failed to materialise. The local councils fail to understand the social benefits of this course and insist on prohibitive commercial hire rates, so I need eyes and ears everywhere to find suitable affordable premises for classes. And throughout this, I have no-one else's experiences to benchmark my progress against or ear to bend. I did benefit from comments and suggestions from fellow participants at the Oakland workshop, but things are so much more conservative in the UK. What has worked quite well is using a formally structured presentation I prepared in Microsoft

Breaking new ground (contd)

Powerpoint. It follows the structure Paul describes in his workshop, and helps to ensure that I can explain with some competence my understanding of arthritis and how TCA can help. I usually follow the presentation with a demonstration of the 12-step and maybe the mirrored version – if your demo can provoke similar reactions to 'that's made me feel relaxed just watching it', then that's it – they are hooked – get commitment for their support there and then!

As there is no point in people reinventing the wheel, if anyone wants a copy of the presentation to modify for their own use, then drop me an e-mail. File size is approx 715kb. I should be able to convert it to Freelance if anyone is using Lotus SmartSuite.

Biofeedback: A way to enhance a body signal so that one is aware of something that usually occurs at a level below consciousness. An electronic device provides information about a body function (such as heart rate) so that the person using biofeedback can learn to control that function. Biofeedback can help people with arthritis learn to relax their muscles. In this case, an electronic device amplifies the sound of a muscle contracting, so the arthritis patient knows that the muscle is not relaxed.

Body mechanics: Correct positioning of the body for a given task, such as lifting a heavy object or typing.

Cardiovascular: Involving the heart and the circulatory system.

Cartilage: A tough, stretchy tissue that covers the ends of bones to form a low-friction, shock-absorbing surface for joints.

Collagen: A fibrous protein that is one of the main building blocks of skin, tendon, bone, cartilage, and other connective tissues.

Connective tissue: The supporting framework of the body and the internal organs- including bone, cartilage, and ligaments.

Degenerative joint disease: See osteoarthritis (OA).

Endorphin: A substance produced in the brain or nervous system that stops pain naturally.

Endurance: The ability to continue a given task.

Exercise: Movement of the body designed to improve its physical condition. The goals of an arthritis exercise program are to improve physical conditioning, muscle strength, flexibility, well-being, and function.

Fibromyalgia: A chronic disorder characterized by widespread musculoskeletal pain, fatigue, and multiple tender points.

Fibrous capsule: A tough wrapping of tendons and ligaments that surrounds the joint.

Flare: A period of time in which disease symptoms reappear or become worse.

Flexibility: Ability to bend various joints and move freely.

Gout: A type of arthritis caused by the reaction of the body to needle-like crystals of uric acid that accumulate in joint spaces. This reaction causes inflammation, swelling, and pain in the affected joint, most commonly the big toe.

Hydrotherapy: Therapy that takes place in the water.

Inflammation: A typical reaction of tissues to injury or disease. It is marked by four signs: swelling, redness, heat, and pain.

Internist: A doctor who specializes in internal medicine (not requiring surgery).

Isometrics: Isometric exercises are exercises that cause a muscle to contract and do work while joints do not move, for example, pushing against a wall.

Joint: The place where two bones meet. Most joints are composed of cartilage, joint space, fibrous capsule, synovium, and ligaments.

Joint space: The area enclosed within the fibrous capsule and synovium.

Juvenile rheumatoid arthritis: A chronic arthritis of childhood that causes pain, stiffness, swelling, and loss of function in the joints and may also affect other parts of the body.

Ligaments: Stretchy bands of cordlike tissue that connect bone to bone.

Manipulation: Trained professionals such as chiropractors or osteopaths use their hands to help restore normal movement to stiff joints.

Microwaves: Microwave therapy is a type of deep heat therapy. The electromagnetic waves pass between

electrodes placed on the patient's skin. This creates heat that increases blood flow and relieves muscle and joint pain.

Mobilization therapies: A group of treatments that include traction, massage, and manipulation. When used by a trained professional, these methods can help control pain and increase joint and muscle motion.

Muscle: Tissue that can contract, producing movement or force. There are three types of muscle: striated muscle, attached to bones; smooth muscle, found in such tissues as the stomach and blood vessels; and cardiac muscle, which forms the walls of the heart. For striated muscle to function at its ideal level, the joint and surrounding structures must be in good condition.

Nonsteroidal anti-inflammatory drugs (NSAIDs): A group of medications, including aspirin, ibuprofen, and related drugs, used to reduce inflammation that causes joint pain, stiffness, and swelling.

Osteoarthritis: OA (also known as degenerative joint disease) primarily affects cartilage within the joints, causing it to fray, wear, ulcerate, and in extreme cases, to wear away entirely, leaving a bone-on-bone joint. At the edges of the joint, bony spurs may form. OA can cause joint pain, loss of function, reduced joint motion, and deformity. Disability results most often from disease in the spine and in the weight-bearing joints (knees and hips).

Polymyositis: A rheumatic disease that causes weakness and inflammation of muscles.

Physiatrist: A doctor who specializes in the diagnosis and management of injuries and diseases causing pain, loss of function, and disability. Treatment plans often include the use of exercise, massage, heat, electricity (TENS), relaxation techniques, splints and braces, and local injections to relieve pain.

Psoriatic arthritis: Joint inflammation that occurs in about 5 to 10 percent of people with psoriasis (a common skin disorder).

Range of motion (ROM): The ability of a joint to go through all its normal movements. Range-of-motion exercises help increase or maintain flexibility and movement in muscles, tendons, ligaments, and joints.

Relaxation therapy: People with arthritis use relaxation to release the tension in their muscles, which relieves pain.

Rehabilitation specialist: See physiatrist.

Rheumatoid arthritis: An often chronic systemic disease that causes inflammatory changes in the synovium, or joint lining, that result in pain, stiffness, swelling, and loss of function in the joints. The disease can also affect other parts of the body.

Rheumatologist: A doctor who specializes in diagnosing and treating disorders that affect the joints, muscles, tendons, ligaments, and bones.

Short waves: These deliver deep heat to relieve pain. (Short waves are not used much currently because of problems in people with pacemakers.)

Spondyloarthropathies: A group of rheumatic diseases that affect the spine, such as Reiter's syndrome and ankylosing spondylitis.

Strengthening exercises: Exercises that build stronger muscles, for example, exercises that require movement against a force (weight lifting or isometric exercises).

Synovial fluid: Fluid released into movable joints by surrounding membranes. This fluid lubricates the joint and reduces friction.

Synovium: A thin membrane that lines a joint and releases a fluid that allows the joint to move easily.

Systemic lupus erythematosus: Lupus is a type of immune system disorder known as an autoimmune disease, which causes the body to harm its own healthy cells and tissues. This leads to inflammation and damage of various body tissues. Lupus can affect many parts of the body, including the joints, skin, kidneys, heart, lungs, blood vessels, and brain.

Tendons: Tough, fibrous cords of tissue that connect muscle to bone.

TENS (transcutaneous electrical nerve stimulation): Passes electricity to nerve cells through electrodes placed on the patient's skin. TENS is used to relieve pain.

Traction: Gentle, steady pulling along the length of body structure, for example, the spine or neck.

Transcutaneous: Through the skin.

Ultrasound: Sound waves that provide deep heat to relieve pain.

UK Instructors & Class Listings

Until the October workshop has been held, currently the only instructor in the UK is the editor of the newsletter - others will follow I hope !!

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